

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. <u>76</u>		Local Registrar's No. <u>116</u>	
County <u>Safford</u>		State <u>Arizona</u>			
District or Township <u>Safford</u>		City or Village <u>Centerville</u>			
City _____		No. _____		St. _____ Ward _____	
2. FULL NAME <u>Bigler</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number).			
(a) Residence, No. <u>Centerville</u>		St. _____		Ward _____	
(Usual place of abode)		(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>single</u> (Write the word)			
6a. If married, widowed, or divorced <u>None</u> HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>Oct-31-1931</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
			<u>21</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>None</u>					
(b) General nature of industry, business or establishment in which employed (or employer) _____					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>Centerville</u> (State or country) <u>Arizona</u>					
10. NAME OF FATHER <u>Geo. A. Bigler</u>					
11. BIRTHPLACE OF FATHER <u>Utah</u> (city or town) (State or country)					
12. MAIDEN NAME OF MOTHER <u>Emily Palmer</u>					
13. BIRTHPLACE OF MOTHER <u>Utah</u> (city or town) (State or country)					
14. Informant <u>Mr. Emily Bigler</u> (Address) <u>Centerville, Ariz.</u>					
15. Filed <u>12/18/31</u> <u>J. H. Wharton</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>11-19-1931</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>11/17</u> , 19 <u>31</u> to <u>11/15</u> , 19 <u>31</u> , that I last saw him alive on <u>11/18</u> , 19 <u>31</u> , and that death occurred, on the date stated above, at <u>2:15</u> p. m. The CAUSE OF DEATH* was as follows: <u>Spider Bite - Septicemia</u>					
(duration) _____ yrs. _____ mos. <u>10</u> ds.					
CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <u>11/19/31 M. E. Cluff</u> , M. D. 19 (Address)					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Centerville</u>				DATE OF BURIAL <u>11/20/31</u>	
20. UNDERTAKER <u>H. Cluff</u>				ADDRESS <u>Centerville</u>	